

Commonwealth of Kentucky
Office of Insurance
Division of Agent Licensing
PO Box 517, Frankfort, KY 40602-0517
(502) 564-6004
<http://doi.ppr.ky.gov/kentucky/>

RENTAL VEHICLE LICENSE – SUPPLEMENTAL APPLICATION

RENTAL VEHICLE AGENT: _____ **FEIN:** _____
Name of Rental Vehicle Business Applicant Federal Employer Identification Number

	BUSINESS LOCATION					MANAGING EMPLOYEE			
	Registration					Assigned to Business Location			
	Business Name	Street Address	City	State	Zip Code	Name	Received Pre-Licensing Training		Exam Score
							Yes	No	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Certification of Rental Vehicle Agent

As the authorized representative of the Rental Vehicle Agent, I certify that all employees have received training required by KRS 304 Subtitle 9, that each managing employee has received pre-licensing training and has scored 70 percent or better on the examination, that all employees will receive approved continuing education, and that all information on the form is true and correct.

Signature Title Date
Telephone Number: _____ E-mail Address: _____

Certification of Managing Employee

I certify that I have completed the pre-licensing training required by KRS 304 Subtitle 9 and scored 70 percent or better on the pre-licensing examination required by KRS 304 Subtitle 9.

Signature Date

Social Security Number: _____

NOTE: Use One Form per Managing Employee